

REGION 10 - CAA 112(r) EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2004 Form

Inspectors Name: Kelly Huynh, Harry Bell, Paula Fedirchuk, Herrera

Phone No.: (206) 553-1679, (206) 553-8183, (206) 441-9080

1. ***Compliance Activity Type:** Compliance Inspection

2. ***Compliance Monitoring Activity Name:(Facility Name):** JCI Jones Chemical Inc.

3. ***Compliance Monitoring Type:** *Check one or more of the following choices:*

CAA

☐ CAA-112(r)(7) Desk Audit

☐ CAA 112 General Duty Clause inspection

☒ CAA 112(r)(7) Inspection(i.e., site visit)

4. *** Region 10** ICIS Data Entry: EPA ID Number: 1000 0014 1394

5. ***Facilities Contact Name:** Scott Donahoe, Facility Manager

***Street Address:** 1919 Marine View Drive

***City, State, Zip:** Tacoma, WA 98422

*** Small Business:** Yes ☒ No

(a small business or entity that employs 100 or few individual, all facilities and operations owned by the business. The numbers of employees should be considered as full time equivalents (2000 hours per year of employment)).

*** Environmental Justice (Check one):**

☐ Low Income

☐ Minority Population

☐ Minority Population & Low Income

☒ Other

6. *** Date of Inspection: Start:** 08/5/2004 **End:** 08/5/2004 (mm/dd/yyyy)

7. ***Federal Statutes:** CAA

8. ***Sections:** *Check the regulatory citation(s) that apply to the inspection conducted*

☐ CAA 112(r)(1) Prevention of Accidental Release/General Duty Clause

☒ CAA 112(r)(7) Prevention of Accidental Release/Risk Management Plans

9. ***SIC (4-digit)** _____ **or NAICS Code (5-digit):** 311813 (Enter one or more)

10. ***Compliance Monitoring Action Reason: (Check one of the following)**

☐ Citizen Complaint/Tip

☒ Core Program

☐ Selected Monitoring Action

☐ Random Evaluation or Inspection

☐ Agency Priority

11. ***Compliance Monitoring Agency Type:** EPA

12. ***Number of Days spent physically conducting the activity:** 1/2 day

13. ***Number of Hours spent physically conducting the activity:** 4 hrs

14. ***Did you observe deficiencies (potential violations) during the on-site inspection?**

☒ Yes (if yes, you must answer the following two questions)

No (if no, you cannot answer the following two questions)

***Deficiencies Observed:**

Check one or more of the following:

☐ Potential failure to complete or submit a notification, report, certification, or manifest

☒ Potential failure to follow or develop a required management practice or procedure

☒ Potential failure to maintain a record or failure to disclose a document

15. ***If you observed deficiencies, did you communicate them to facility during the inspection?**

☒ Yes (if yes, you must answer the next question)

☐ No (if no, you cannot answer the next question)

16. ***Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?**

☒ Yes (if yes, identify the action taken)

☒ No

Action(s) taken

____ Complete(d) a Notification or Report

____ Complete(d) Record Keeping Deficiencies

____ Implemented New or Improved Management Practices or Procedures

____ Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions

17. ***Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** ☒ Yes ☐ No

18. ***Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** ☒ Yes ☐ No

Note: This form does **not** require EPA inspectors to provide compliance assistance.

Optional Information: Describe actions taken by the facility or assistance provided to the facility _____

EPA

Form

For Data Entry Staff Use Only:

Date and initials of person entering data into ICIS (mm/dd/yyyy): _____

NOTE TO EPA INSPECTORS

The main purpose of EPA inspections/evaluations is to determine compliance with environmental regulations and enforcement agreements. Secondary purposes include providing a field presence to create a credible deterrent and providing assistance, when appropriate, to help facilities achieve compliance.

- The ICDS is designed to identify readily observable corrections to deficiencies and compliance assistance activities. ICDS is NOT designed to capture ALL of the observations, findings, and other data contained in the final inspection report. **Deficiencies identified as potential violations, and actions to address deficiencies noted on the ICDS must be included in the final inspection/evaluation report.**
- ICDS information will be used to collect accomplishments of EPA's national inspection/evaluation efforts, develop outcomes for GPR, and manage national compliance monitoring resources.
- The information will NOT be used to track individual EPA inspector's performance.
- The ICDS should **only** be used for EPA-led inspections or evaluations, not for state oversight inspections.

Instructions for Each Question:

1. **Compliance Activity Type:** EPA inspectors should only enter compliance inspection.
2. **Compliance Monitoring Activity Name:** Enter the actual name of the facility inspected/evaluated
3. **Compliance Monitoring Type:** There are a number of choices listed. Check the appropriate choice pertaining to the type of inspection or evaluation conducted. Check only **one choice**.
4. **Region:** Enter the EPA region associated with the inspection/evaluation.
5. **Facilities Contact Name:** Enter the Contact Name, the person you spoke to during the inspection. Add address, City, State, Zip Code, check yes or no for small business, check **one Environmental Justice** that applies, check **"Other"** if none apply.
6. **Actual Start and End Date of Inspection:** Enter the actual start and End date of the inspection/evaluation, required.
7. **Federal Statutes:** Statutes applies to the inspection/evaluation being conducted..
8. **Sections:** Check the section(s) of law(s) that authorize the compliance inspection/evaluation.
9. **SIC/NAICS Codes:** Identify the code corresponding to the facility. Guidance on how to identify SIC or NAICS codes can be downloaded at (<http://www.doc.gov>), CD-ROM (PB98-502024) by calling NTIS (800-553-6847), or Inspector Website (<http://intranet.epa.gov.oeca/oc/metd/inspector>).
10. **Compliance Monitoring Action Reason:** Check only one of the five (5) reasons for performing the inspection/evaluation.
11. **Compliance Monitoring Agency Type:** EPA. is the only choice that should be entered.
12. **Number of Days spent physically conducting the activity:** Enter the number of days spent at activity. Not Required.
13. **Number of Hours spent physically conducting the activity:** Enter the number of hours spent at activity. Not Required
14. - 15. **Deficiencies Observed:** Check one or more of the three (3) choices.
16. **Actions Taken:** Check YES if you observed the facility taking actions. Check only the action(s) actually observed/seen, or write a short description of the action in the "Optional" section.
17. **General Compliance Assistance:** Check YES if the EPA inspector provided general compliance assistance during the inspection or evaluation. Inspectors are **not** required to provide compliance assistance during inspections. General compliance assistance includes distributing or sharing information on industry regulatory compliance, pollution prevention, or technical written assistance materials or websites and EPA, state and local assistance programs.
18. **Site-Specific Compliance Assistance:** Check YES if the EPA inspector provided site-specific compliance assistance during the

inspection or evaluation. Inspectors are **not** required to provide compliance assistance during inspections. Site-specific compliance assistance is defined in the National Policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections, dated June 25, 2003.

Data Collection Process:

- Inspectors should complete the ICDS form *immediately* after the inspection or evaluation is completed.
- Completed forms should be forwarded to the first-line supervisor or designated alternate **within five (5) days** after returning from either a single inspection/evaluation or a series of inspections/evaluations.
- The first-line supervisor or designated alternate **must** review the ICDS for completeness and accuracy.
- After review, the first line supervisor or designated alternate **must** forward the forms *immediately* to Melissa Whitaker, ORC-158 for entry into ICIS.